		IPE	≥ PARTI	B - FEE(S)	TRAN	NSMITTAL	•		
) 	COUNTY NUL	this form, together w	ith applicable i	fee(s), to: <u>M</u> or <u>F</u>	<u>[ail</u> <u>'ax</u>	Mail Stop ISSU Commissioner (P.O. Box 1450 Alexandria, Vir (703) 746-4000	or Patents ginia 22313-1450		
n ay ir m	EXPLICTIONS: This form should was a for remainting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where parents and notification of maintenance fees will be mailed to the current correspondence address a dicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for aintenance fee notifications.								
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AC /20	LOS ANGELES,	BOULEVARD, SUITI CA 90036-5679	E 2100] :	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.				
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01 FC 02 FC		1400.00 OP 300.00 OP				June 22′,	2005	(Signature)	
Γ	APPLICATION NO.	FILING DATE		FIRST NAMED IN			ATTORNEY DOCKET NO.	CONFIRMATION NO.	
-	09/907,250 07/17/2001			Yung Yi	Chang		B-4248 618947-0	5651	
TI	TLE OF INVENTION: I	DEVICE FOR ELIMINATIN	IG THE FLICKER	ING PHENOM	IENON (OF TFT-LCD			
Ľ	APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION F		TOTAL FEE(S) DUE	DATE DUE	
<u> </u>	nonprovisional NO		\$1400			\$300	\$1700 06/23/2005		
	EXAMINER		ART UNIT		CLA	ASS-SUBCLASS]		
	NGUYEN, K	2674			345-101000				
	1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3.	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the docur recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Unipac Optoelectronics Corporation Hsin-Chu Lity, TAIWAN							y, TAIWAN K.	,0,0,	
_		assignee category or category		<u> </u>		Individual 🛛 C	orporation or other private g	roup entity Government	
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.							nclosed		
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	Authorized Signature			_{Date} June 22, 2005					
	yped or printed name Robert Popa			Registration No. 43,010					
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